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DATE: January 22, 2003

RECIPIENT INFORMATION		SENDER INFORMATION
To:	Examiner C. Kam/U.S. PTO	From: Susan M. Dadlo, Esq.
Voice Tel. No.:		Voice Tel. No.: 703-836-6620
Fax Tel. No.:	703-308-0294	Sent By: Jamyn Ebeling
Your Ref.:	U.S. Serial No. 09/833,637	Our Ref.: 011900-309
		Total Pages (Incl. Cover Page): 19

RE:

MESSAGE:

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(BDSM 05/01)

Patent
Attorney's Docket No. 011900-309

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Yoshikatsu KODAMA et al.) Group Art Unit: 1653
Application No.: 09/833,637) Examiner: C. Kam
Filed: April 13, 2001)
For: GLYCOPROTEIN HAVING)
INHIBITORY ACTIVITY AGAINST)
HELICOBACTER PYLORI)
COLONIZATION)

1/24/03
CMK

VIA FACSIMILE TO EXAMINER
(703) 308-0294

AMENDMENT AND REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is an Amendment and Reply for the above-identified patent application.

- A Petition for Extension of Time is also enclosed.
- A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.
- Also enclosed is Exhibit A (including Experiment A, Table 1, a description of Figures 1 and 2, and Figures 1 and 2).
- Small entity status is hereby claimed.
- Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).
- Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- No additional claim fee is required.

(10/01)

Amendment and Reply Transmittal Letter
 Application Serial No. 09/833,637
 Attorney's Docket No. 011900-309
 Page 2

An additional claim fee is required, and is calculated as shown below:

	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	15	MINUS 20 =		× \$18.00 (103) =	0.00
Independent Claims	3	MINUS 3 =		× \$84.00 (102) =	
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL AMENDMENT FEE DUE FOR THIS AMENDMENT					\$0.00

A claim fee in the amount of \$ _____ is enclosed.

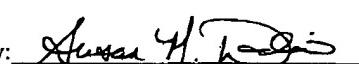
Charge \$ _____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R.

§§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 
 Susan M. Dadip
 Registration No. 40,373

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Date: January 22, 2003

I hereby certify that this correspondence is being sent
 by Facsimile Transmission to the Assistant
 Commissioner For Patents, Washington, D.C. 20231
 etc.

Date: January 22, 2003
 Name: Jamyah Ebeline
 (Typed or printed name of person signing the certificate)
 Sign: Jamyah Ebeline
 (Signature of person signing the certificate) (10/01)
 Date: January 22, 2003
 (Date of Signature)